CENDED	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? MY Yes If YES, enter delivery address below: No ISHI Honey Suckle Rd.
Mantrust, Inc., doing business as Southeas Psychiatric Services	Dothan AL 36305
cío Mustafain Meghani, Administrator 548 Westgate Parkway Dotnan, Al-	3. Service Type Gertified Mail Registered Insured Mail C.O.D.
D104 802 5+C	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	
	urn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Carlo Color Science S-/2-8
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature A. Signature Agent Addressee B. Received by (Painted Name) C. Date of Delivery
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Mantrust, Inc., doing business as Southeast Psychiatric Services c/o Shakir R. Meghani, as its President and	COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee Addressee Addressee B. Received by (Painted Name) C. Date of Delivery
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Mantrust, Inc., doing business as Southeast Psychiatric Services c/o Shakir R. Meghani, as its President and Registered Agent for Service of Process Stores Sarkway Dothan, AL 36305	A. Signature A. Signature Agent Addressee B. Received by (Painted Name) C. Date of Delivery
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Mantrust, Inc., doing business as Southeast Psychiatric Services c/o Shakir R. Meghani, as its President and Registered Agent for Service of Process	A. Signature A. Signature A. Signature A. Signature Addressee B. Received by (**Printed Name*) D. Is delivery address different from item 1? Addressee If YES, enter delivery address below: No No No No No No No No No N
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Mantrust, Inc., doing business as Southeast Psychiatric Services c/o Shakir R. Meghani, as its President and Registered Agent for Service of Process Showests Parkway Dothan, AL 36305	COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee Addresse Address Address